Case 2:07-cv-00 SENDER: COMPLETE THIS SECTION 21	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature Agent Agent Addressee Addressee Received by (Printed Name) C. Date of Delivery Lurcca baidwin 73 OS D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No Received by (Printed Name) C. Date of Delivery Lurcca baidwin 73 OS If YES, enter delivery address below: No Received by (Printed Name) C. Date of Delivery Lurcca baidwin 73 OS If YES, enter delivery address below: No Received by (Printed Name) C. Date of Delivery Lurcca baidwin 73 OS Agent Addressee Addressee Addressee Addressee Addressee
Circuit Court Clerk BULLOCK COUNTY 217 North Prairie Street, Union Springs, AL 36089	
	3. Service Type Certified Mall Registered Result Receipt for Merchandise Insured Mail C.O.D.
2. Article Number 7007 2680 000	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540